



New Hampshire
Racing and Charitable Gaming Commission
21 S. Fruit Street, Suite 16
Concord, New Hampshire 03301-2428
Telephone (603) 271-2158 Fax (603) 271-3381
<http://www.racing.nh.gov>

Date _____
License# _____
Clerk _____

Supplemental Application Form for **Pari 605.27**
Other Horse Racing Employee

Position Applied For: _____ 20 _____

1. Full Name: _____
AS IT APPEARS ON LINE 1 OF YOUR OCCUPATIONAL LICENSE APPLICATION PARI 605.05

2. Are you a member of the U.S.T.A.? ☐ Yes ☐ No ☐ N/A U.S.T.A.# _____
Expiration Date

3. Name, address, and telephone number of the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure; Signature must be included below, before being processed.

4. A description of the job duties to be performed as the function of the position you have applied for:

***** PLEASE NOTE *****

I hereby certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RSA 641:3, making a false statement on this application form is punishable as a crime.

SIGNATURE of Person or Duly Authorized Representative Listed In Question (3)

APPLICANT'S SIGNATURE

Date of Signature

Date of Signature